



Anthrax (skin, lung, GI)

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Epi Link: _____

☐ Outbreak-related
LHJ Cluster# _____
LHJ Cluster Name: _____
DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____ Investigation start date: ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Zip code (school or occupation): _____ Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA
☐ ☐ ☐ ☐ **Fever** Highest measured temp: ____ °F
Type: ☐ Oral ☐ Rectal ☐ Other: ____ ☐ Unk
☐ ☐ ☐ ☐ Flu-like symptoms
☐ ☐ ☐ ☐ **Cough** Onset date ____/____/____
☐ ☐ ☐ ☐ Chest pain
☐ ☐ ☐ ☐ **Difficulty breathing**
☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: ____
☐ ☐ ☐ ☐ **Bloody diarrhea**
☐ ☐ ☐ ☐ **Abdominal cramps or pain**
☐ ☐ ☐ ☐ **Coal-black scab surrounded by non-tender, swollen rim**

Clinical Findings

Y N DK NA
☐ ☐ ☐ ☐ **Respiratory distress**
☐ ☐ ☐ ☐ **Mediastinal widening on chest x-ray**
☐ ☐ ☐ ☐ Regional lymphadenopathy
Location: _____
☐ ☐ ☐ ☐ **Cutaneous ulcer with edema and black eschar**
☐ ☐ ☐ ☐ **Oropharyngeal mucosal lesion**
☐ ☐ ☐ ☐ **Sepsis syndrome**
☐ ☐ ☐ ☐ Admitted to intensive care unit
☐ ☐ ☐ ☐ **Cutaneous anthrax**
☐ ☐ ☐ ☐ **Inhalation anthrax**
☐ ☐ ☐ ☐ **Gastrointestinal anthrax**

Hospitalization

Y N DK NA
☐ ☐ ☐ ☐ **Hospitalized for this illness**
Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____
Y N DK NA
☐ ☐ ☐ ☐ **Died from illness** Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy Place of death _____

Vaccinations

Y N DK NA
☐ ☐ ☐ ☐ Anthrax vaccine in past
Date of last vaccination (mm/yyyy): ____/____/____

Laboratory

Collection date ____/____/____
Source _____

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

P N I O NT

☐ ☐ ☐ ☐ ☐ **B. anthracis culture (clinical specimen)**
☐ ☐ ☐ ☐ ☐ **Anthrax electrophoretic immunotransblot reaction to protective antigen and/or lethal factor bands (serum obtained after symptoms onset)**
☐ ☐ ☐ ☐ ☐ **B. anthracis fluorescent assay (clinical specimen)**

NOTES

INFECTION TIMELINE

Enter onset date (first sx)
in heavy box. Count
backward to determine
probable exposure period

Days from
onset:

Exposure period*

-7 -1

o
n
s
e
t

Calendar dates:

* This may extend up to 60
days in unusual cases.

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Attended social gatherings or crowded setting
- ☐ ☐ ☐ ☐ Hunted or skinned animals
- ☐ ☐ ☐ ☐ Contact with animal carcass Date: ____/____/____
- ☐ ☐ ☐ ☐ Contact with unprocessed animal product
☐ Hair ☐ Wool ☐ Hide ☐ Bones ☐ Raw meat
Date: ____/____/____
- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
Cattle, cow or calf ☐ Y ☐ N ☐ DK ☐ NA
Goat ☐ Y ☐ N ☐ DK ☐ NA
Sheep ☐ Y ☐ N ☐ DK ☐ NA
Other: _____
- ☐ ☐ ☐ ☐ Wildlife or wild animal exposure
Specify: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Other animal exposure
Specify animal: _____
- ☐ ☐ ☐ ☐ Consumed raw or undercooked meat
Date: ____/____/____
- ☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. gardening,
hunting, camping, yard work)
- ☐ ☐ ☐ ☐ Inhalation of dust from soil, grain, or hay
- ☐ ☐ ☐ ☐ Employed in laboratory
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g.
research, veterinary medicine, slaughterhouse)
Specify animal: _____
- ☐ ☐ ☐ ☐ Works handling/opening mail, packages,
shipments Location: _____
Handled suspicious mail ☐ Y ☐ N ☐ DK ☐ NA
Date: ____/____/____
In room with suspicious mail ☐ Y ☐ N ☐ DK ☐ NA
Date: ____/____/____
Nearby when suspicious mail opened
☐ Y ☐ N ☐ DK ☐ NA
Date: ____/____/____
- ☐ ☐ ☐ ☐ Other occupational exposure
☐ Veterinarian ☐ Agricultural worker
☐ Wildlife worker ☐ Other: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ No risk factors or exposures identified

☐ Patient could not be interviewed

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Antibiotic name: _____
Date/time antibiotic treatment began: ____/____/____ AM PM # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Potential bioterrorism exposure
- ☐ ☐ ☐ ☐ Biohazard issues

PUBLIC HEALTH ACTIONS

- ☐ Notify blood or tissue bank
- ☐ Initiate trace-back investigation
- ☐ Educate on proper disposal of animal carcass (no necropsy)
- ☐ Biohazard protocol
- ☐ Report to agriculture department
- ☐ Follow-up/prophylaxis of laboratorians exposed to specimen
- ☐ Other, specify: _____

NOTES

Investigator _____	Phone/email: _____	Investigation complete date ____/____/____
Local health jurisdiction _____		Record complete date ____/____/____